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(Req	uestor's Name)		
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PICK-UP	WAIT	MAIL	
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Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE

C. LEWIS

'JAN 27 2012.

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			দ্ৰ ১৮৮	
DC	N T	ala I.a.	:_	
SUBJECT: RC Name of		i <mark>ck Le</mark> d Liabil		
Name of	Billitte	u Diuon	ny co	mpuny
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office	Change	and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	g this m	natter to	the fo	llowing:
Ruslan Cruz				
Name of Person				
RCL Truck Leasing LLC				
Firm/Company				
44400 Manadia Ossissa Lu				
14480 Magnolia Springs Ln Address.	I E		_	
Jacksonville, FL, 32258				
City/State and Zip Code			_	
ruslan cruz@yahoo.com E-mail address: (to be used for future annual report	notificati	on)	_	
For further information concerning this mat	tar nla	ace call		
of further information concerning this mat	ter, pre	asc can.	•	
Ruslan Cruz	at (616)	633-8859
Name of Person	(_		Area Co	de & Daytime Telephone Number
STREET/COURIER ADDRESS:		MA	ILING	ADDRESS:
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
		4		
Enclosed is a check for the following amount:				
\$25 Filing Fee		\$5	5 Filin	g Fee & Certified Copy

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	RCL Truck Leasing LLC		
2. (a) Principal office address of limited liability company	y: 14480 Magnolia Springs Ln E		
(Note: MUST BE STREET ADDRESS)	Jacksonville, FL, 32258		
(b) Mailing address of limited liability company:	14480 Magnolia Springs Ln E		
(Note: MAY BE POST OFFICE BOX)	Jacksonville, FL, 32258		
11/16/2009	L09000109830		
3. Date of filing/registration in Florida	4. Document number PS		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	Ruslan Cruz		
Registered Office Address: (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	13840 Sw 74 Ct Palmetto Bay, FL, 33158		
NEW Registered Agent:	Ruslan Cruz		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14480 Magnolia Springs Ln E		
• •	Jacksonville ,FL32258		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Ruslan Cruz	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote		
D'	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent